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## BIB DATA SHEET

CONFIRMATION NO. 2685

<b>SERIAL NUMBER</b> 10/532,697	<b>FILING or 371(c) DATE</b> 04/26/2005 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> P1304US	
<b>APPLICANTS</b> Keiichi Yamada, Sakai-shi, JAPAN; Hajime Nakazawa, Kishiwada-shi, JAPAN; Koichi Aida, Izumi-shi, JAPAN; Yoshinori Nakata, Takaishi-shi, JAPAN; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP03/13680 10/27/2003 <b>** FOREIGN APPLICATIONS *****</b> JAPAN 2002-316435 10/30/2002 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /QUYNH-NHU HOANG VU/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWINGS</b> 8	<b>TOTAL CLAIMS</b> 16	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> CASELLA & HESPOS 274 MADISON AVENUE NEW YORK, NY 10016					
<b>TITLE</b> Liquid medicine-measuring device for liquid medicine-injecting device					
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		